



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200002

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ROBERT L. RICE INC.**

DOING BUSINESS AS **WHITMAN HOUSE**

ADDRESS **7 GRT.HOLLOW RD.**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **RICE, ROBERT L.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOMS AND COCKTAIL LOUNGE, CELLAR, STORAGE, 2ND FLOOR RESTROOMS AND STORAGE. LOCATED OFF ROUTE 6 IN N.TRURO, MASS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200003

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PAMET RESTAURANT GROUP INC.**

DOING BUSINESS AS **BLACKFISH**

ADDRESS **17 TRURO CENTER RD**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **JANSEN, ERIC**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 1/2 STORY BLDG WITH 3 ROOMS AND ADJACENT TERRACE, BOTH ENTRANCE AND EXIT ON EAST SIDE OF ROAD

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200006

CITY OR TOWN TRURO

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOP MAST RESORT INC.

DOING BUSINESS AS TOP MAST CAFÉ

ADDRESS 209 SHORE ROAD

CITY/TOWN: TRURO

STATE: MA

ZIP CODE: 02652

MANAGER: SILVA, ALBERT R. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. UPPER STORY MANAGERS QUARTERS. LOWER STORY IS THE RESTAURANT & KITCHEN, RESTROOMS & GARAGE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200007

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ADRIAN'S AND CO., INC.**

DOING BUSINESS AS **ADRIAN'S**

ADDRESS **535 RTE. 6**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **CYR, ADRIAN G.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG., DINING ROOMS, KITCHEN/STORAGE AREA, AND DECK ON GROUND FLOOR.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200011

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JAMS INC.**

DOING BUSINESS A

ADDRESS **ROUTE 6A**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **ROSENTHAL,
MARK**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STY BLDG. 1ST FLR SALES RM ANS ST. 2ND FLR APT

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200012

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CENTRAL LIQUORS OF TRURO, INC.**

DOING BUSINESS A

ADDRESS **ROUTE 6**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02666**

MANAGER: **PERRY, SCOTT W.** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY, TWO ROOMS, FULL BASEMENT FOR STORAGE. LOCATED ON ROUTE 6 IN TRURO, MASS

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200018

CITY OR TOWN TRURO

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STOSTEF, INC.

DOING BUSINESS AS TERRA LUNA RESTAURANT

ADDRESS ROUTE 6A

CITY/TOWN: TRURO

STATE: MA

ZIP CODE: 02666

MANAGER: STEFANI, RAINA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

B.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. DINING ROOM AND KITCHEN

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200029

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **TOWN OF TRURO**

DOING BUSINESS AS **HIGHLAND LINKS GOLF COURSE**

ADDRESS **HIGHLAND RD. BOX 162**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02652**

MANAGER: **JAMES S.
KNOWLES, II**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200032

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RUMTHACKER, INC**

DOING BUSINESS AS **BABE'S RESTAURANT**

ADDRESS **69 SHORE RD**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02652**

MANAGER: **THRASHER,
PETER**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS WITH KITCHEN TO THE REAR. MAIN ENTRANCE IN THE FRONT OF THE BUILDING AND TWO EXITS TO REAR.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200033

CITY OR TOWN **TRURO**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **C & J AT THE SURF INC.**

DOING BUSINESS AS **BEACH POINT GRILL**

ADDRESS **518 SHORE ROAD**

CITY/TOWN: **TRURO**

STATE: **MA**

ZIP CODE: **02652**

MANAGER: **CONDON, DAVID** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

C.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG; DINING ROOM, KITCHEN AND RESTROOMS ON 1ST FLOOR; OFFICE & STORAGE ON 2ND FLOOR; 4 EXITS LOCATED AT FRONT, SIDES AND BACK OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

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